



NH Department of Health and Human Services (DHHS)

Medicaid Care Management
Information Meeting

July 9, 2012

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NH Medicaid Care Management

- This evening's presentation is to let you know:
 - About upcoming changes to our Medicaid program
 - How the new program is different from what we have today
 - About the timelines for enrollment
- Give you the chance to ask questions



What is Medicaid in NH?

- NH Medicaid is a safety net of health related services for people who meet certain income and eligibility requirements
- The program provides health care services and other supports for pregnant women and children and individuals who are elderly and who are disabled

Why is NH's Medicaid Program Being Changed?



- Governor Lynch and NH Legislature passed new law establishing Medicaid care management program
 - Chapter Law 125, Laws of 2011 (SB 147)
- Law requires the Department of Health & Human Services (DHHS) to set up a managed care program
 - We call it **Care Management**
- The goal is to improve access to care, quality of care and overall health status, while at the same time improving cost effectiveness
- The Department is launching these sessions to begin to share information with those on Medicaid

Care Management Program Implementation



DHHS is implementing Care Management in three-steps:

- **Step 1** (This year):
 - The program includes everyone who is receiving Medicaid funded health care (with some exceptions)
- **Step 2** (Next year):
 - The program becomes mandatory for everyone receiving Medicaid (no opting out)
 - Medicaid Waiver and nursing home services are added
- **Step 3** (2014):
 - Affordable Care Act will expand Medicaid to include adults who fall below certain income levels
 - (~\$15,000/yr for single, ~\$30,000/yr for family of 4)



We are here this evening
to talk about Step 1



Who is included in Step 1?

There are two groups in Step 1:

- **Included:** Everyone using Medicaid
- **Can Opt-out during Step 1:**
 - Children in Foster Care
 - Children with special health care needs
 - Home care for children with severe disabilities-Katie Beckett
 - Children with Supplemental Security Income (SSI)
 - Dual Medicare and Medicaid eligible



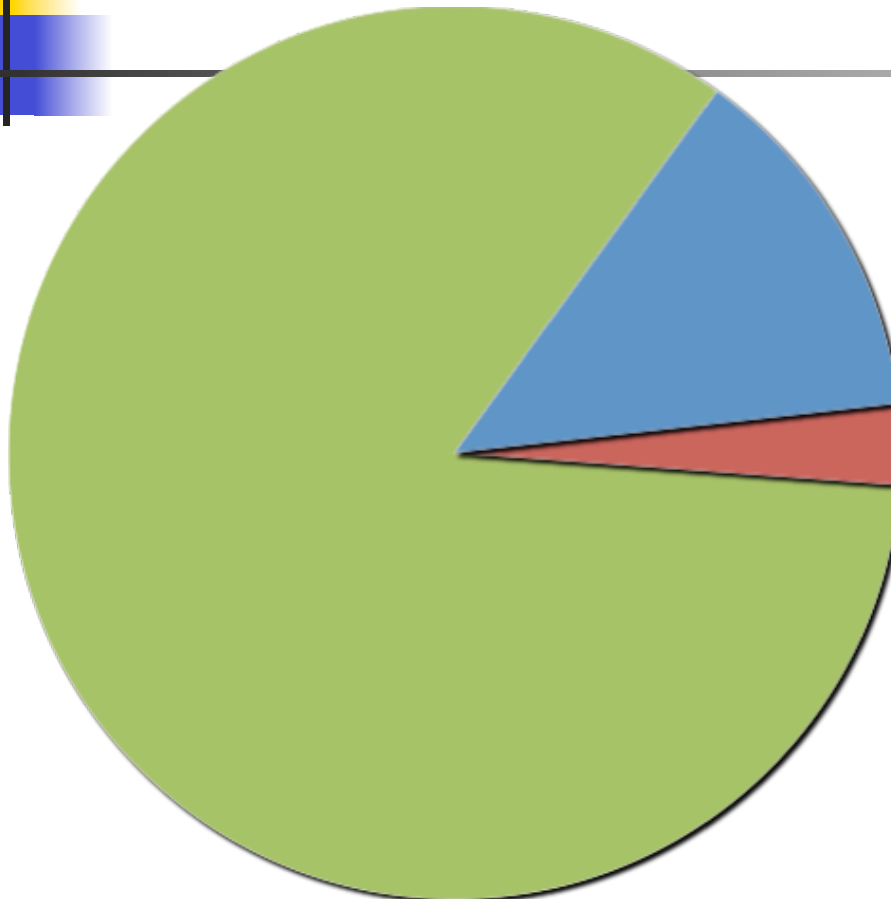
Who's excluded?

Individuals in the following categories:

- Spend-down
- Veterans Administration
- Qualified Medicare Beneficiaries (QMB)
- Special Low-Income Medicare Beneficiaries (SLMB)
- Qualified Disabled Working Individual (QDWI)

These programs remain the same as they are today.

NH Department of Health & Human Services Medicaid Care Management Program



Year 1 Opt Out of Care Management; Still in Medicaid Fee-For-Service
Members also covered by Medicare
Foster Care/Out-of-Home Placement/
Adoption Assistance
Certain Disabled Children (e.g., SSI, Katie Becket)

Excluded from Care Management;
Neither eligible or mandated to join a health plan
Members receiving VA health care system benefits
Medicaid In and Out Program (spend-down)
Still in same Medicaid Fee-for-Service as today

All Medicaid Recipients

What services are included in Step 1?



- Doctors visits
- In-patient and out- patient hospital visits
- Prescriptions
- Mental health services
- Family planning
- Home health services
- Speech therapy
- Audiology services
- Durable Medical Equipment
- Physical therapy
- Occupational therapy
- Personal care services
- Private duty nursing
- Adult medical day care
- Ambulance services
- Wheelchair van
- Optometric services (eye glasses)
- Fluoride varnish by doctor for children

Note: These services provided today with the exception of fluoride varnish by doctor for children

What is different or same?



Now

- We (DHHS) handle Medicaid eligibility
- Standard set of services
- We issue Medicaid cards
- Individuals go to multiple places for care (uncoordinated)
- We pay doctors and hospitals directly

Care Management

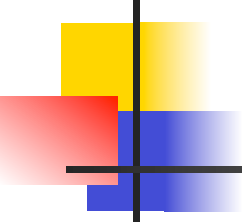
- We (DHHS) continue to handle Medicaid eligibility
- Standard services remain the same
- You pick a health plan. The health plan also sends you a card
- You pick a primary care doctor or clinic from the health plan's provider list
- The health plan coordinates your care in consultation with you and your doctor
- The health plan pays doctors and hospitals



What is a Managed Care Organization (MCO)?



MCOs are companies that contract with doctors, nurses and other providers -who work together- to provide your health care. While often referred to as MCOs, we will refer to the companies as Health Plans.



Let's look at some examples of individual situations to better understand Care Management and its potential benefits

Adult with Mental Health needs



- 55 year old experiencing severe anxiety and depression
 - Her primary care physician began to prescribe medications for her anxiety and depression
- Has high blood pressure, high cholesterol, and been struggling with severe weight problems
- Began to see a private independent psychotherapist who referred her to an independent psychiatrist
- The psychiatrist took over prescribing the medications for symptoms of anxiety and depression.
 - The primary care doctor continued to prescribe the same medications
- Experienced serious medical and cognitive complications from overuse of the medication and was admitted to inpatient care

Adult with BH/MH needs under Care Management



- The **care manager** will reach out to the person to assist with referral and linkage to appropriate care providers
- The care manager will have the ability to review all standing orders for treatment and medications
- The care manager will have seen the request for payment on the duplicate prescriptions
- The care manager is expected to have contacted the primary care and pharmacy to terminate the duplicate psychiatric medication order



Child with chronic health issues

- An eight-year-old boy with poorly controlled asthma
- Does not have a regular primary care physician
- On medication for treatment of his asthma, including inhalers
 - But does not use them correctly
- Lives with his single father in an old, carpeted, poorly ventilated apartment
- In the last year he has had four emergency room visits, requiring emergency treatment for breathing difficulties

Child with chronic health issues under Care Management



- Care management would identify and connect the family with a **primary care provider (PCP)**
- Review current medications and father's level of understanding about asthma treatment
- Evaluate asthma triggers within the home and provide education to father
- Asthma **plan of care** outlines responsibilities of all involved care partners
 - Including family, school, child care providers, health care providers and other community resources, such recreation programs
 - Improving overall **care coordination**



Teen with Autism

- 15-year-old with autism and anxiety
- Recently started having seizures
- Evaluated by a neurologist in Boston and started on seizure meds
 - Took three months for the appointment with the neurologist.
- Was not responsive to the first trial of seizure medications and had a prolonged seizure at school.
 - The school was not aware that she had a medication order from the neurologist to be used on an as needed basis, which would have stopped the seizure
 - She was taken to the emergency room by ambulance
 - Neurologist made a change in seizure medications, which resulted in increased anxiety
- Her school attendance and performance has suffered as a result and her parents have missed several days at work

Teen with Autism under Care Management



- **Coordination between primary care physician and specialist** for management of anxiety
 - Making sure neurologist is aware of diagnosis of Autism and issues around anxiety to facilitate informed choice of seizure medications to avoid negative interactions
- Ensure communication with the school regarding treatment
- Increased co-management between primary care physician and specialist could have resulted in family not needing to wait for the neurological appointment or travel as far
- **Seizure treatment plan** outlines responsibilities for all involved care partners including family, school, health care providers and other community resources

Woman with Developmental Disability (DD)/Intellectual Disability (ID)



- Fifty year-old woman with Down Syndrome
 - Has a thyroid disorder and is overweight
- She has recently become irritable and forgetful and has stopped wanting to go to work or participate in her walking group
- Has not received regular health and wellness screenings appropriate for women her age
- She has been to see her primary care physician who told her mother that these symptoms are not unusual for an older woman with Down Syndrome.

Woman with DD/ID under Care Management



- Care management would offer standard medical evaluation
 - Ensure full complement of typical health and wellness screenings such as mammogram, colonoscopy, gynecologic screenings
- Treatment of thyroid condition
- Depression screening
- After ruling out medical causes for recent changes in function and mental status, consider neurological evaluation to identify possibility of early onset dementia



Elderly with medical issues

- 87-year-old woman with advanced Multiple Sclerosis
- Utilizes a combination of services to live in her home by herself
- Developed many medical complications due to inconsistent care provided through paid and unpaid caregivers
 - Inpatient admissions for management and resolution of medical problems



Elderly with medical issues under Care Management



- Better coordination of services could lead to her care being provided in a more consistent manner
- Would decrease or eliminate the now frequent acute care needs and inpatient stays
- Coordination would include the development of a comprehensive service plan with provisions for safety/emergency so that she can safely remain in the community



Pregnant Woman with Limited English Proficiency

- Betsy is 27 y.o. Russian woman who has been in the US for approximately 3 months. She is pregnant with her first child.
- Betsy's English speaking is very limited and she requires a interpreter at appointments
- Her unborn baby has been diagnosed with a heart defect that will require surgery immediately after birth



Pregnant Woman with Limited English Proficiency

- Community health center nurse midwife arranged for evaluation by a pediatric cardiologist who will monitor the baby. The midwife recommends birth at the local hospital with transport of the baby to a specialty hospital following the birth; that hospital wants a guarantee of payment up front
- The cardiologist is concerned that labor and delivery will stress the baby so recommends C-section at a different specialty hospital
- She has also been referred by the health center to a high risk obstetrician who recommends a C-section at a hospital with a Neonatal Intensive Care Unit
- Betsy is overwhelmed and confused both because of the differing opinions and her limited English. She does not know the right choice for herself and her baby.



Pregnant Woman with Limited English Proficiency under Care Management

- Care Manager (CM) assigned at the first indication of complications. Assures translation for every appointment
- CM arranges a conference call among all the physicians, Betsy, a qualified interpreter and the care manager.
- CM would facilitate ongoing sharing of information between the three medical offices



Pregnant Woman with Limited English Proficiency under Care Management

- CM would support and assist Betsy in making the best birth plan including location and attendant, considering her baby's needs
- CM would ensure Betsy is linked with WIC, Special Medical Services and other community supports while also helping Betsy in her emotional and physical needs leading up to her delivery
- CM will work with hospital discharge planner to support Betsy and baby at home post delivery

Critical Elements of Care Management



■ Care Coordination

- Across all need areas (physical health, mental health, social)
- Across all providers (getting all providers to communicate and collaborate with each other)
- Facilitating accessing of services and achieving outcomes
- Link people with other state, local, and community programs that may provide or assist with related health and social services
- Helping individuals to acquire self-care skills
- Supporting care-giving families



Care Management vs. Case Management

- **Care Management** is different from the “case management services” that are provided under the current Medicaid program
- Care management will be provided only to those who have extensive and chronic needs
 - Not every person will receive care management
- Care management provided by managed care organizations will not replace the current case management services
 - Provided by mental health centers, area agencies, or independent case management organization
- Care management will be used to complement case management services to achieve better outcomes for people



Critical Elements of Care Management



■ Patient-Centered Medical Homes

- Connection to a Primary Care Provider (PCP)
- Person's needs are the focus of the care
- Screenings and assessments to identify person's health care needs
- Monitoring and reassessing needs
- Evidence-based practices (using proven successful methods of care)
- Integration of primary care and mental health services



Critical Elements of Care Management

■ Chronic Care and High Risk Management Programs

- Assist individuals in the management of their chronic diseases
 - Diabetes, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Asthma, Coronary Artery Disease, Obesity, and Mental Illness
- Use “whole person” approach to ensure that the person’s physical, behavioral, developmental, and psychosocial needs are comprehensively addressed

Critical Elements of Care Management



■ Wellness and Prevention programs

- Provide individuals with general health information
- Provide services to help people make informed decisions about their health care needs
- Encourage individuals to take an active role in shared decision making about their care
- Develop and implement programs designed to address childhood and adult obesity, smoking cessation, and other similar type wellness and prevention programs
- Encourage individuals to complete an annual health risk assessment



Critical Elements of Care Management



These elements are not options.
They are contractual requirements
to which the Health Plans will be
held accountable to by the State.



Who are the three Health Plans?

- Boston Medical Center Health Plan
- Granite Care-Meridian Health Plan of New Hampshire
- Granite State Health Plan (Centene Corp)



Care Management



Timeline for Step 1 2012

Care Management Timeline 2012



First Letter on Step 1

Mid August

Second Letter on Step 1

Mid September

Step 1 enrollment opens

October

Step 1 begins

December

Step 2 Design Public Process

Fall

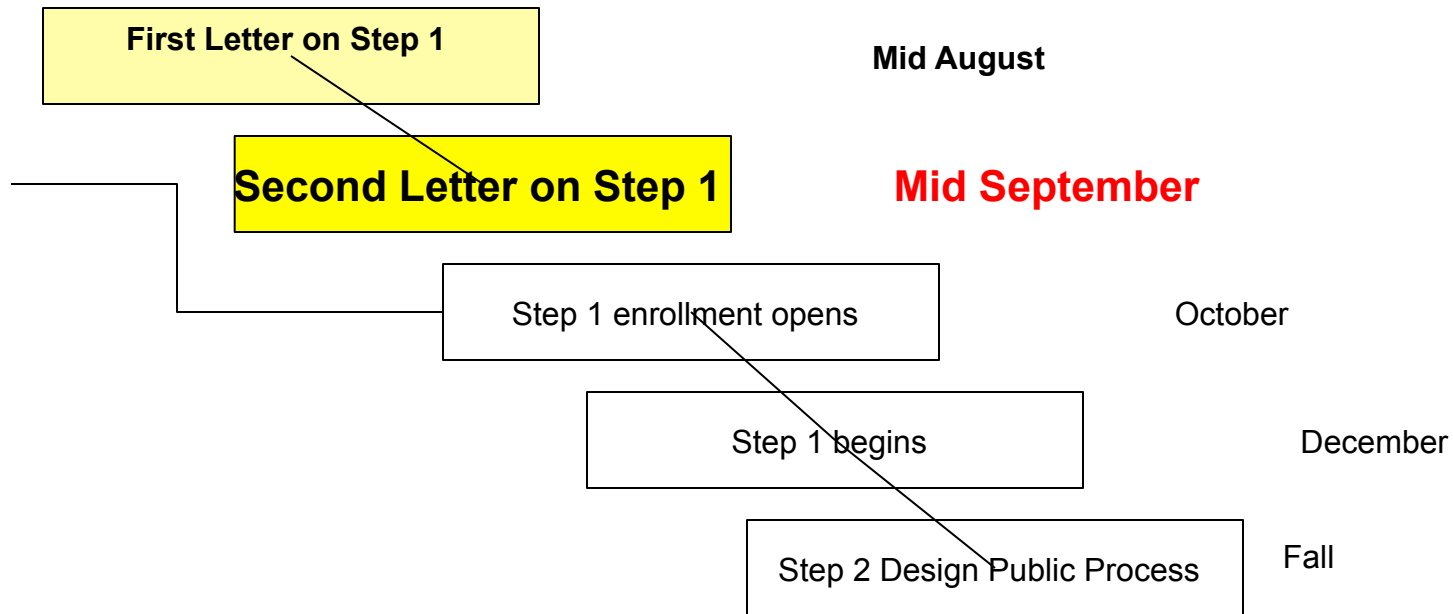
Dates subject to change pending
Centers for Medicare & Medicaid Approval

We send you a letter in Mid-August on Step 1



- **Does not require you to take any action**
- Informs you of upcoming changes to the Medicaid program
- Provides information on next steps
- Provides how to get more information

Care Management Timeline 2012



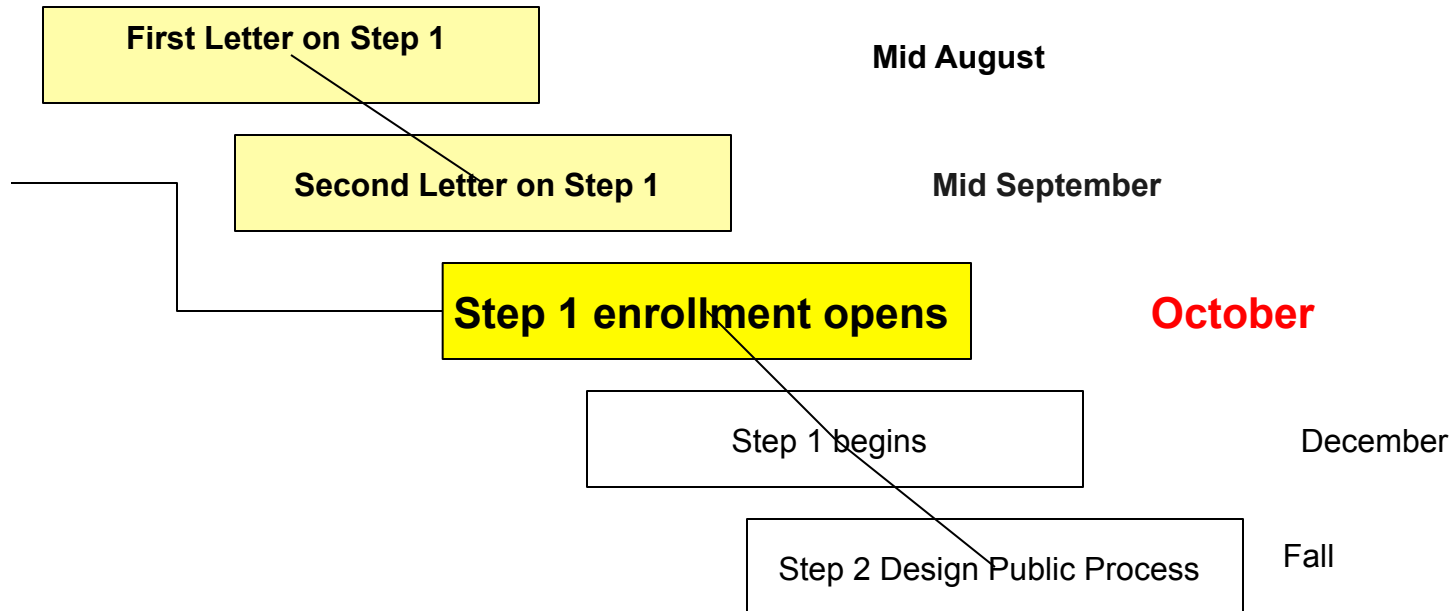
Dates subject to change
Centers for Medicare & Medicaid Approval



We send a second letter on Step 1: Mid-September

- Provides information about the three health plans
- Provides more detailed information about when and how to pick a health plan
- Gives updated information on the timeline
- Provides contact information to get help

Care Management Timeline 2012



Dates subject to change
Centers for Medicare & Medicaid Approval



Enrollment begins: October

Action Required: You will need to pick a health plan. If you don't, we will pick one for you.

- Everyone who uses Medicaid begins to pick among the three managed care companies via mail, NH Easy, telephone
- We (the Department) will provide information about the three companies to help you pick one.
- When you choose a company, the company will send you a card that you will use when you go to a doctor or clinic for health services to use along with your Medicaid card.



How do I choose a Managed Care Plan?

All three health plans cover the same basic services.

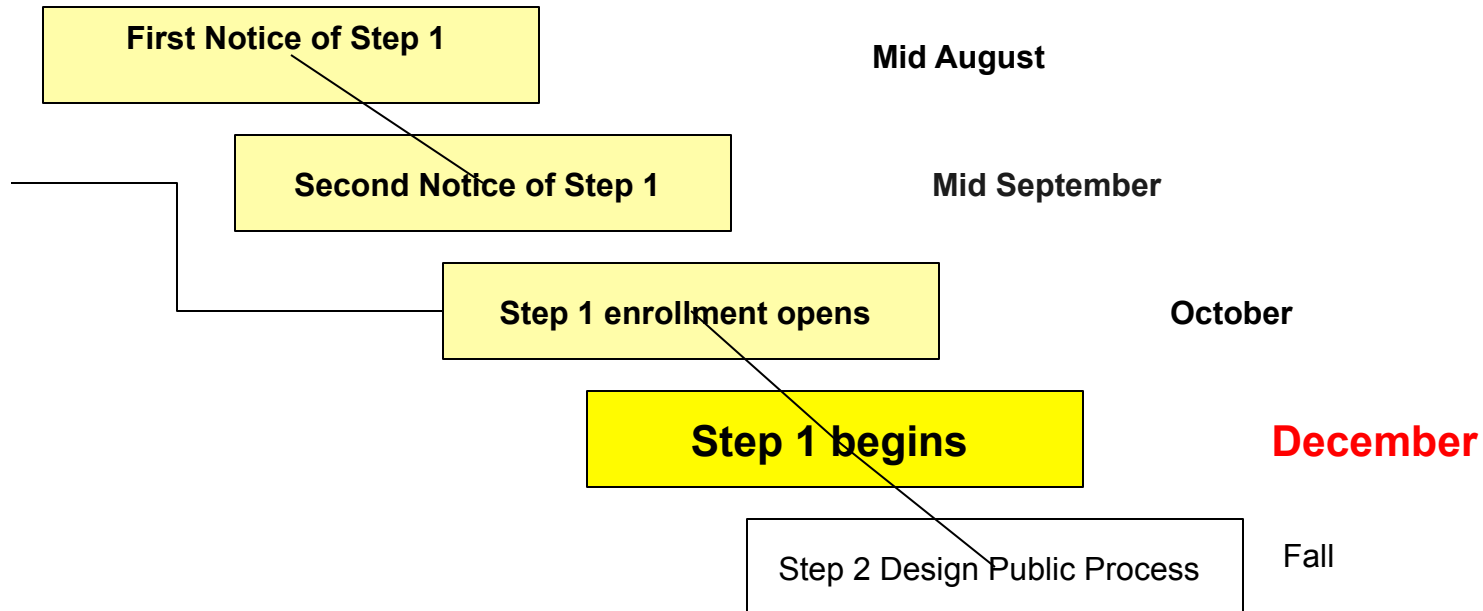
- Do you want to keep your current doctor or clinic?
 - Check to see if they are on a health plan's list.
- Do you see a specialty doctor?
 - Check to see if they are on a health plan's list.
- Are doctors and clinics close to where you live?
 - This is important to look at on the plan's lists.
- Are there services or benefits offered by one plan and not another that are appealing to you?
 - This may make one plan more appealing than another – if other parts are the same.



Will I choose my primary care doctor?

- Yes. You will be able to choose your doctor from the managed care company's group of health care providers.
 - Some providers may be in more than one plan.
- Your primary care doctor is your personal doctor
- Some people who have needs for specialty services will coordinate the services with their doctor and managed care company.
- You have to use providers listed in your managed care plan
 - Primary care doctors, clinics, pharmacies, hospitals, mental health providers, etc.

Care Management Timeline 2012



Dates subject to change
Centers for Medicare & Medicaid Approval

Program projected to begin in December



- The health plans help you see the right provider when you need to
 - Through their network of doctors, clinics, pharmacies, mental health providers, etc.
- All Medicaid populations enrolled in program (with some exceptions)



Step 2

- Specific elements of Step 2 have not been identified yet
 - DHHS has started working on this
- This fall DHHS will begin to reach out to all stakeholders for input on design of Step 2



What services are in Step 2?



**Community-Based
Medicaid Waiver
Services**

**Long Term Care
Services such as
Nursing Homes**



2012 Timeline Recap

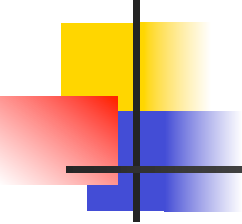
- **August:** You'll get a letter from DHHS
- **September:** You'll get detailed health plan information from us
- **October:** You can choose a health plan. If you don't choose a plan, we will pick one for you.
- **December:** The new program projected to begin

Note: If there are any changes to the timeline, DHHS will make announcements and provide updates

What if I want to change health plans?



- If you are not happy with your company, you can switch to another within the first 90 days
- There will be annual open enrollment periods



What will I do if I have a problem with the Health Plan (MCO)?



You will be given information when you enroll with the health plan about your rights and what to do should you have a problem.



Questions





For More Information

- Visit www.dhhs.nh.gov/ocom/care-management.htm for updates and this presentation
- Submit questions to:
nhmedicaidcaremanagement@dhhs.state.nh.us
- Website and toll free telephone number will be established in the coming months